

POST ACADEMY - Hearing Exam Report

Correctional Officer

Applicant's Name: _____
Last First MI.

POST ID # _____
Last 4 # of SSN First Letters of First Name Day of Birth 01--31

To the Applicant: It is necessary to have this exam conducted by an audiologist or a physician with the necessary equipment to conduct the "Pure Tone Threshold Test" using the minimums listed below.

To the examining Physician/Audiologist: The above named applicant has chosen a career as a Correctional Officer. A "pure tone threshold test" is required prior to acceptance into the Idaho POST Academy.

PLEASE ANSWER ALL QUESTIONS -- INCOMPLETE FORMS WILL BE RETURNED

Based upon the IDAHO Correctional Officer Job Task Analysis Study, an officer must meet the following:

HEARING STANDARDS FOR CORRECTIONAL OFFICERS

Applicant must have unaided or aided hearing between zero (0) and thirty (30) decibels for each ear at the frequencies of 1000 Hz & 2000 Hz; and unaided or aided hearing between zero (0) and fifty (50) for each ear at the frequency of 3000 Hz.

Frequency:	1,000 Hz	2,000 Hz	3,000 Hz	HEARING AID USED	
Right Ear	_____db	_____db	_____db	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Left	_____db	_____db	_____db		
NOTE ANY ABNORMALITY					

PHYSICIAN/AUDIOLOGIST'S STATEMENT:

Please initial the appropriate area

____ I, (or my designee) have examined the above named applicant to the Idaho POST Academy.
It is my opinion that the applicant MEETS the minimum hearing standards for correctional officers.
____ It is my opinion that the applicant DOES NOT MEET minimum hearing standards for the following reasons:

Signature of Examiner _____ **Date of Exam** _____

Important!

Type or Stamp Physician/Audiologist's name, address, telephone number in the space below:

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